



## NEW MEDICARE SUPPLEMENT PLANS AVAILABLE

**From: Bankers Fidelity Assurance Company®**

**To: All Licensed Agents in Illinois**

**Subject: Medicare Supplement Plans F, High Deductible G and N Now Available**

Bankers Fidelity Assurance Company® is pleased to announce the immediate sales release of Medicare Supplement Plans F, High Deductible G and N in Illinois. The forms have been updated and are now available for download and online ordering in the ADDS® Library. The eApp has also been updated to include the new plans.

### **The following forms have been updated:**

**Outline of Coverage B 21492 OC20 [ILLINOIS CP] (1-21)** replaces the current outline of coverage. *The Outline of Coverage must be left with every client to whom the product is presented, whether they apply or not.* The outline consists of the following forms:

- Cover Page – B 21492 OC20 [ILLINOIS CP]
- Rate Pages – B 21492 OC20 [ILLINOIS MBD/MCC RS PRF/STND-F/M] AREA 1-3
- Disclosure Page – B 21492 OC20 [DIS-ATN]
- Benefit Charts – B 21492 OC20 [PLAN A, C, F, G, HDG, N]

**Application Package B 21492 AP2020 TOBOEGI PKG ILLINOIS (1-21)** *the previously released application can continue to be used. Simply write in the requested plan if not listed.*

- Application Coversheet
- Underwriting Guidelines – B2 21092 UWG IS
- Application for Insurance – B 21492 AP2020 TOBOEGI IL
- HIPAA Authorization Form – B 0148 HIPAA
- Electronic Draft Authorization – B 0129 MBD/CC
- Family Billing Form – B 0129 FB/LB
- Notice to Applicant Part One and Two\*
- Premium Receipt\* – B 0068 PR

\*The Notice to Applicant needs to be detached and left with each applicant. If initial premium is collected with the application, the Premium Receipt should be completed, detached and also left with the applicant.

### **Under Age 65/Disabled Outline of Coverage B 21492 U65 OC20 [ILLINOIS CP] (1-21)**

- Cover Page – B 21492 U65 OC20 [ILLINOIS CP]
- Rate Pages – B 21492 U65 OC20 [ILLINOIS RS]
- Disclosure Page – B 21492 U65 OC20 [DIS-ATN]
- Benefit Charts – B 21492 U65 OC20 [PLAN A, C, F, G, HDG, N]

**Under Age 65/Disabled Application B 21492 U65 AP2020 IL (1-21)** *the previously released application can continue to be used. Simply write in the requested plan if not listed.*

The Replacement Notice (**B2 0062 RN2014**) and Medicare Supplement Checklist (**B2 21092-0007 IL**) are not changing and should continue to be used if the applicant intends to terminate and replace an existing Medicare Supplement policy.

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Premier Marketing

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